

SERFF Tracking Number: CEUL-126973089 State: Arkansas
Filing Company: American States Insurance Company State Tracking Number: 47643
Company Tracking Number: PPACA
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: PPACA
Project Name/Number: /

Filing at a Glance

Company: American States Insurance Company

Product Name: PPACA

SERFF Tr Num: CEUL-126973089 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 47643

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: PPACA

State Status: Approved-Closed

Filing Type: Form

Author: Scott Gadd

Reviewer(s): Rosalind Minor

Date Submitted: 01/05/2011

Disposition Date: 01/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/06/2011

State Status Changed: 01/06/2011

Deemer Date:

Created By: Scott Gadd

Submitted By: Scott Gadd

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

The following endorsement is being filed to bring our medical forms to PPACA compliance and therefore is being submitted for your review and approval.

Company and Contact

Filing Contact Information

Scott Gadd, Compliance Technician

sgadd@manhattanlife.com

10700 Northwest Freeway

713-529-0045 [Phone]

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Houston, TX 77092 713-821-6551 [FAX]

Filing Company Information

American States Insurance Company
Safeco Plaza
Suite 2700
Seattle, WA 98185
(206) 473-6129 ext. [Phone]

CoCode: 60879
Group Code:
Group Name:
FEIN Number: 35-0145400

State of Domicile: Washington
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per Endorsement
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American States Insurance Company	\$50.00	01/05/2011	43459152

SERFF Tracking Number:	CEUL-126973089	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/06/2011	01/06/2011

<i>SERFF Tracking Number:</i>	<i>CEUL-126973089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American States Insurance Company</i>	<i>State Tracking Number:</i>	<i>47643</i>
<i>Company Tracking Number:</i>	<i>PPACA</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 01/06/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Third Party Authorization	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PPACA

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/06/2011	PPACA	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		27.800	PPACA.pdf

AMERICAN STATES INSURANCE COMPANY

Safeco Plaza , Seattle, WA 98185

Phone: 800/332-3226

ENDORSEMENT

This Endorsement becomes a part of the Policy or Certificate to which it is attached.

1. Any provision that terminates, reduces or revises the coverage provided by the policy at eligibility for Medicare is hereby deleted.
2. The policy is guaranteed renewable, subject to the provision for Termination of Policy Form or Market Exit provision, set forth below.
3. The limiting age for natural, adopted or step children of the policyholder is hereby changed to age 26 unless that child is eligible for other employer-sponsored health plan coverage. To the extent that the policy provides that such children must be unmarried to remain covered dependents, that requirement is removed. Any requirements and provisions regarding other types of dependents in the policy remain in full force and effect.
4. Any lifetime maximum benefit for the policy is hereby deleted. All annual maximum benefit limits and other benefit limitations of the policy remain in full force and effect.
5. The following section is added to the policy. To the extent other sections of the policy may be contradictory to this section, this section controls.

TERMINATION OF POLICY OR MARKET EXIT

Your insurance, including insurance on Your dependents, will terminate on:

- A. the date on which We terminate all policies under this form based on Your state of residence on Your effective date of coverage. We will give You 90 days written notice prior to the date of termination and will offer You coverage under any individual health insurance policy which We are currently marketing in Your state;
- B. the date on which we elect to refuse to renew all individual hospital, medical or surgical insurance policies delivered or issued for delivery in this state, provided We notify the insurance commissioner of the election not later than the 180th day before the date coverage under the first individual hospital, medical or surgical insurance policy terminates; We notify each affected covered individual not later than the 180th day before the date on which coverage terminates for that individual; and We act uniformly without regard to any health-status related factor of covered individuals and dependents of covered individuals who may become eligible for coverage. If We elect to nonrenew all individual hospital, medical or surgical coverage in Your state, We may not issue such coverage in Your state during the five-year period beginning on the date of termination of the last such coverage not renewed; or
- C. At our option, in the event that you fail to pay premiums or contributions, perform an act of fraud, or make an intentional misrepresentation of material fact, under the terms of the coverage.

6. The provision for voiding (rescission) of the policy for misstatements in the application, which may be included in a section entitled "Time Limit on Certain Defenses-Misstatements in the Applications" is hereby revised to provide as follows:

After the effective date of coverage, only fraud or an intentional misstatement of a material fact in the application may be used to void (rescind) this coverage. We must give You 30 days prior notice of Our intent to void the coverage.

All other provisions remain unchanged.

IN WITNESS WHEREOF, American States Insurance Company has caused this Endorsement to be signed by its officer/representative at its office in Seattle, Washington and issued as of the "Effective Date" shown in the Policy Schedule.

A handwritten signature in black ink, reading "Patty McCallum". The signature is written in a cursive, flowing style.

Officer/Representative

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/06/2011
Comments:		
Attachment: Flesch score.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	01/06/2011
Bypass Reason: NA-Endorsement only		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	01/06/2011
Bypass Reason: NA-No effect on rate		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	01/06/2011
Bypass Reason: NA-Endorsement only		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	01/06/2011
Comments:		
Attachment: Uniform Compliance Summary-AR.pdf		

<i>SERFF Tracking Number:</i>	<i>CEUL-126973089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American States Insurance Company</i>	<i>State Tracking Number:</i>	<i>47643</i>
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<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

		Item Status:	Status
			Date:
Satisfied - Item:	Third Party Authorization	Approved-Closed	01/06/2011
Comments:			
Attachment:			
American States Third Party Authorization.pdf			

C e n t r a l U n i t e d L i f e
I n s u r a n c e C o m p a n y

CERTIFICATION

I, Mary Lou Rainey, Secretary for Central United Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of Arkansas.

FORM

Readability Score

PPACA

27.8

DATE: January 5, 2011

Mary Lou Rainey

Mary Lou Rainey, Secretary

Central United Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77019
Email: rcoleman@culins.com

Phone: 713-529-0045
Toll Free: 800-669-9030 ext. 5261
Fax: 713-821-6551



C e n t r a l U n i t e d L i f e
I n s u r a n c e C o m p a n y

Central United Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77019
Email: rcoleman@culins.com

Phone: 713-529-0045
Toll Free: 800-669-9030 ext. 5261
Fax: 713-821-6551



PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

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	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

September 20, 2010

Filing Authorization
Central United Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092

RE: American States Insurance Company

To Whom it May Concern:

We hereby authorize Central United Life Insurance Company to submit state insurance filings on behalf of American States Insurance Company to effect the form of policy endorsement attached.

This authorization includes the power to provide necessary assurances and certifications related to filing the form of policy endorsement attached, except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of American States Insurance Company.

Sincerely,

American States Insurance Company



Signature of Company Officer/Representative

enclosure